

**Arkansas Board of Registration
For Professional Engineers & Land Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
501-682-2824 (office) 501-682-2827 (fax)
joseph.clements@arkansas.gov
www.arkansas.gov/pels

Board Use Only

Date Rec'd: _____

CA/MO/CC/TC/CA CK/PC # _____
\$5.00 \$7.50 \$10.00

2006 Renewal Application for Land Surveyor-in-Training

YOUR LICENSE EXPIRES ON JUNE 30, 2005

Land Surveyor-in-Training Renewal Fees:

\$5.00 – if postmarked prior to June 30, 2005

Land Surveyor-in-Training REINSTATEMENT Fees:

\$7.50 – July 1, 2005 to Aug. 31, 2005

\$10.00 – After September 1, 2005

Current Firm: _____

Change of Preferred Mailing Address
(Only if a change is desired)

Daytime phone: _____

Email address: _____

Fax: _____

Please provide the plus 4 zip code extension if different from above
or if not shown _____

You must complete this form, sign, date and return with payment postmarked no later than June 30, 2005. Make personal, business, cashier's check or money order payable to PE & PLS Fund. **Please write your license number on your check or money order.** One check with multiple registrants expedites the processing time.

Please visit the online roster available at our website to review the status of your renewal. As renewals are processed the renewal year will change to "2006". You may also verify your name, registration number and mailing address.

Part I You must complete this part of the form.

Part 1 – Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that: the information contained herein is true and correct; I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-48-101 et seq. and Rules of the Board. I further understand that failure to comply with such requirements, or any false statements made on this document, is a violation of the State of Arkansas Laws and the Board's Rules and could be cause for disciplinary action.

- ☐ By my signature below, I certify that I am a current Arkansas LSIT and my renewal fee is enclosed as required by the Arkansas Board.
- ☐ I am NOW licensed as Professional Land Surveyor # _____ in the State of _____.
Please sign below and return renewal form without the required fee.
- ☐ I do not wish to renew my Arkansas License. I am returning this form without the renewal fee and request removal of my name from your active files.

Printed Name _____ *SSN ____--____--____

Signature _____ LSIT # _____ Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, we must have your current social security number on file (NO EXCEPTIONS). PLEASE PROVIDE ONLY IF YOUR SSN HAS CHANGED.